

We will vote tomorrow. We will be on the floor continuing in the debate.

Mr. ALTMIRE, I want to thank you for being very factual on the bill and sharing with the Members what is actually in the bill. A lot of folks don't take the time to find out what's actually in the bill; so I am glad you brought that perspective to the floor tonight.

With that, Mr. Speaker, it was an honor addressing the House.

#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SPACE). All Members are reminded that assertions that the President has been deceptive constitute an indecorous descent to personalities and are thus a violation of House rules.

#### PARLIAMENTARY INQUIRY

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state her inquiry.

Ms. WASSERMAN SCHULTZ. Mr. Speaker, my understanding of the rule that you just cited is that Members need to refrain from making direct accusations of the President's being deceptive or referring to the President as a prevaricator or any other word that might apply.

What I did on the House floor this evening was read from a newspaper editorial's opinion. I did not directly make any reference. So I wanted to make sure that we clarify that that was not a violation of the rules.

The SPEAKER pro tempore. The gentleman is incorrect. The House rules do not permit a Member to make an improper statement under the guise that it is a quote from another.

Ms. WASSERMAN SCHULTZ. I will take that under advisement, Mr. Speaker, but that is something that I would like to look into on my own and would be happy to follow up with the Parliamentarian. Thank you.

#### THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. Once again, Mr. Speaker, I appreciate the privilege of being recognized to address you here on the floor of the United States Congress.

And as I have listened to some of the dialogue that has been rolled out here before me, I think it's imperative that someone come to the floor to bring another voice and another opinion and another viewpoint to this subject matter, particularly of SCHIP.

The first point that I would make, Mr. Speaker, is that the SCHIP issue that has been kicked around this Congress now into its third week that per-

haps comes before the floor tomorrow in an effort to override the President's very prudent and well-reasoned veto has been turned into a political issue rather than a policy issue.

SCHIP, State Children's Health Insurance Program, now, one could read that acronym and perhaps get a little better idea of what it stands for by reading the poster, Mr. Speaker. And I have heard presenter after presenter here this evening over on the other side of the aisle address this issue as children's health care and the allegation that the people that are guarding the taxpayers' dollars and seeking to get the resources that are here for the SCHIP program into the benefit of children, those who want a responsible program, those that don't want to chase people off of their own private health insurance but those that want to encourage parents, responsible parents, those who can afford it, to provide the health insurance for their children, those who want to encourage employers to provide health insurance as part of the employment package and keep in that package the insurance of the children, those of us who don't want to grow government, that want more personal responsibility, those of us who respect and appreciate the best health care system in the world, those of us who recognize that if there is a private sector investment, if people are responsible for their own health care, if parents take responsibility for their children's health insurance that this invisible hand that Adam Smith wrote about, this consumer's guide to how the health care in America will be developed, how it will evolve, how the research will be done, how the development will be done, how we will be marketing health insurance and how we will be providing services, this best system we have in the world is something we want to preserve.

And I can't think of a single thing we could do to destroy the best health care system in the world rather than to institutionalize it and federalize it and make it a socialized medicine program. Now, how do you do that?

Well, here on the floor, Mr. Speaker, of the United States Congress, September 22, 1993, President Clinton asked for a joint session of Congress. It's unusual for a President to ask to come speak to the House and the Senate in a joint session aside from the State of the Union address, but he did that on September 22, 1993, I think because Hillary actually advised him to, myself. And I have read the speech, and it is about a dozen pages long. And in that speech is component after component of a nationalized, socialized medicine program that was rolled out by the new Clinton administration in the fall of 1993.

And America looked at that. And, Mr. Speaker, I still have that poster, and I have it in the collection of my archives that shows "Hillary Care." It shows a laminated poster about that wide and about that high, and if you

look at it in its fine print, it's the flow chart for all the government agencies and all of the price limiting and price control and all the eventual, one can only conclude, health care rationing as well.

That whole flow chart is there on that laminated chart. That laminated chart is something that was put up before Americans in magazine after magazine, newspaper after newspaper, and published by good organizations so we could understand what it was that the Clinton administration wanted to impose upon Americans in September of 1993.

And as he laid out this case here from just in front of where you are, Mr. Speaker, he began to make a compelling case because he's a good salesman. But the American people sat and watched their television, and they reached down and pinched themselves: Do I really believe what I hear? What is coming out of the mouth of this President that sounds so good? Well, on that night the American people thought it sounded all right. They heard the message that you don't have to be responsible for the bills and you don't have to make any more health care decisions. The government will do that for you. The government will take the money out of the pockets of the people that are more wealthy than you are and put it into the pockets of the people that are of your income and less and take over some of that responsibility that you have, and somehow the world will be a better place.

Well, that was the marketing technique of that dozen-page speech September 22, 1993, Mr. Speaker. But when the sun came up on the morning of September 23, 1993, the Americans that had pinched themselves when they listened to the speech had slept upon the policy, and they began to take it apart piece by piece, one component of the flow chart, another component of the flow chart; and we ended up with an educated American populace that, after having listened to some people like "Harry and Louise," after having listened to Senator Phil Gramm over in the Senate say "We are going to have national health care in America over my cold, dead political body," which was a statement that Phil Gramm of Texas made on the floor of the United States Senate back during those years more than a decade ago, Mr. Speaker, the American people one at a time, sometimes by the dozens, sometimes by the hundreds, and, in fact, by the thousands rose up and said, no, we don't want national health care. We don't want that.

But a component that we did support, a component that was brought forth from this Congress in about 1997, by my recollection, and I could be off a year or so, Mr. Speaker, so I qualify that, was this component that we call SCHIP, State Children's Health Insurance Program. SCHIP was something that came out of this Republican Congress that was designed to subsidize